

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

Simon & Simon Real Property Services Inc

Principal Place of Business

Mailing Address

7215 Hummingbird Lane
N.P.R. FL
34655

7215 Hummingbird Lane
N.P.R. FL
34655

2. Principal Place of Business

21 4915 Crestknoll Lane

2a. Mailing Address

26 4915 Crestknoll Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 New Port Richey, FL

City & State

28 New Port Richey, FL

Zip

24 34653

Country

25 US

Zip

29 34653

Country

30 US

9. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

4. FEI Number

59-3210835

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

[] Yes [X] No

10. Name and Address of New Registered Agent

81 Name Stephen A. Simon

82 Street Address (P.O. Box Number is Not Acceptable)

4915 Crestknoll Lane

83

84 City New Port Richey, FL

85 Zip Code 34653

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPTC [] DELETE

NAME Stephen A. Simon
STREET ADDRESS 7215 Hummingbird Lane
CITY-ST-ZIP N.P.R. FL 34655

TITLE VS [] DELETE

NAME Lillian G. Simon
STREET ADDRESS 7215 Hummingbird Lane
CITY-ST-ZIP New Port Richey FL 34655

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPTC [X] Change [] Addition

1.2 NAME Stephen A. Simon

1.3 STREET ADDRESS 4915 Crestknoll Lane

1.4 CITY-ST-ZIP New Port Richey FL 34653

2.1 TITLE VS [X] Change [] Addition

2.2 NAME Lillian Simon

2.3 STREET ADDRESS 4915 Crestknoll Lane

2.4 CITY-ST-ZIP New Port Richey FL 34653

3.1 TITLE [] Change [] Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE [] Change [] Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE [] Change [] Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE [] Change [] Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Stephen A. Simon

2/11/99

727 376-8012

Date

Office Phone #

CRZE034 (11/98)